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Yemen

Humanitarian Situation Report



Highlights

- The fighting that erupted in areas in and around Al Hudaydah in May 2018 has continued into July leading to the displacement of 47,230 households as at 24 July. UNICEF continues its emergency WASH response to displaced communities in al Hudaydah and surrounding areas.
- Following the Oral Cholera Vaccine (OCV) vaccination campaign in south Yemen in May, UNICEF Yemen has commenced preparation of a new campaign in the north of Yemen (scheduled for August) to protect an additional 540,595 people (over 1 years of age).
- UNICEF continues to enhance its resource mobilisation for the incentives of more than 143,000 teachers who have not been paid for over two years, in order to continue education in north Yemen. With the new school year set to start in September, 3.7 million children may be at risk of missing out on a new school year.
- Compared to June, child casualties have increased by more than 70 per cent in Taizz, Sadaa and Hajjah: the UN Country Task Force documented and verified the killing of 21 children (13 boys; 8 girls) and the maiming of 82 children (51 boys; 31 girls), as well as four attacks on schools and one attack on a hospital. The verified cases took place mainly in Taizz, Sa'ada, Al Hudaydah and Hajjah.

July 2018

11.3 million

of children in need of humanitarian assistance (estimated)

22.2 million

of people in need (OCHA, 2018 Yemen Humanitarian Response Plan)

1 million

of children internally displaced (IDPs)

4.1 million

of children in need of educational assistance

400,000 # of children under 5 suffering Severe Acute Malnutrition (SAM)

16 million # of people in need of WASH assistance

16.37 million # of people in need of basic health care

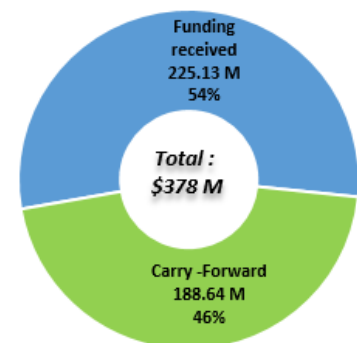
UNICEF Appeal 2018

US\$ 378 million

Funding Status*

US\$ 378 million

Overall 2018 Funding Status



*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year and additional multi-lateral funding. Although the HAC appears fully funded, gaps remain in different sectors. Funding gaps remain in Nutrition, Health, Child Protection, and C4D.

UNICEF'S Response with partners	UNICEF		Sector/Cluster	
	UNICEF Target	2018 Results*	Cluster Target	2018 Results*
Nutrition: Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	276,000	244,117	276,000	244,117
Health: Number of children under 5 receiving primary health care	1,500,000	1,379,756		
WASH: Number of people having access to drinking water	5,500,000	4,659,948	7,288,599	4,839,100
Child Protection: Number of children and community members reached with lifesaving mine risk education messages	1,468,541	997,358	1,684,106	1,039,799
Education: Number of affected children supported with basic learning supplies	473,000	41,701	1,500,000	114,058

*Results are cumulative (Jan-July 2018).

Situation Overview & Humanitarian Needs

The fighting that erupted in areas in and around Al Hudaydah in May 2018 has continued into July leading to the displacement of 47,230 households as of 24 July.¹ As of late July some 300 displaced families are living in public schools in Sana'a, Dhamar and Amran. Between 26 and 28 July, airstrikes occurred near a health centre and a public laboratory, which resulted in the damaging of a sanitation facility and a water station which provides most of the water supply to Al Hudaydah. The severity of the airstrikes led to a [statement](#) by the Humanitarian Coordinator, Lise Grande, warning for the extreme risks that the Yemeni's are facing in Al Hudaydah. Further attacks on water systems occurred in Sa'ada, northwest of the country.

The recent attacks on water systems have caused reduced access to safe drinking water. Combined with other factors such as the onset of heavy rainfall and a relatively high number of people, 10 million, living in prioritized Cholera districts², concern for a third wave of cholera epidemic. This concern coincides with a significant increase in lab-confirmed cholera cases which have been reported since the beginning of July; a total of 115 confirmed cases³. UNICEF's has undertaken necessary preparations for the launch of an Oral Cholera Vaccine campaign in August in northern Yemen, which aims to mitigate the possibility of a third wave cholera outbreak. For the campaign in north Yemen, 471,998 people are targeted. Children continue to bear the brunt of the war in many ways – the lack of teacher salaries for more than two years in north Yemen jeopardises the education of 3.7 million children. With the school year set to start in September, teacher's incentives are imperative to the education of millions of children.

2018 Estimated Affected Population in Need of Humanitarian Assistance (Estimates calculated based on Humanitarian Needs Overview, December 2017)					
Start of humanitarian response: March 2015					
	Total (Million)	Men (Million)	Women (Million)	Boys (Million)	Girls (Million)
Total Population in Need	22.2	5.5	5.4	5.8	5.5
People in acute need ⁴	11.3	2.8	2.7	3	2.8
Internally Displaced Persons (IDPs)	1.98	0.42	0.46	0.56	0.54
People in need of assistance – WASH	16	3.95	3.9	4.16	4.4
People in need of assistance - Health	16.37	4	4	4.3	4.1
People in need of assistance – Nutrition	7.02	0	2.3	2.4	2.3
People in need of assistance – Child Protection	6.53	-	-	3.34	3.19
People in need of assistance – Education	4.1	0	0	2.3	1.84

Humanitarian leadership and coordination

UNICEF continues to work in coordination with the Yemen Humanitarian Country Team (YHCT), leading the WASH, education and nutrition clusters and the child protection sub-cluster, and is an active member of the health Cluster. Sub-national level clusters for WASH, child protection and nutrition are functional in all five field offices (Sa'ada, Sana'a, Al Hudaydah, Aden and Ibb), and education sub-national clusters are active in Aden, Ibb and Al Hudaydah. In addition, UNICEF leads humanitarian hubs in Ibb and Sa'ada. UNICEF monitors programme implementation through field staff—where access allows – or through a third-party monitoring partner.

UNICEF also leads the Rapid Response Mechanism (RRM) in Yemen together with key partners. The RRM ensures timely response to highly vulnerable populations in the most affected governorates of Aden, Abyan, Al Hudaydah, Lahj and Hajja.

Humanitarian Strategy

UNICEF's humanitarian strategy is guided by its Core Commitments for Children (CCCs) in Humanitarian Action. UNICEF's Humanitarian Action for Children (HAC) strategy is aligned with the strategic objectives and cluster operational response plans, as detailed in the 2018 Yemen Humanitarian Response Plan (YHRP). Considering the collapse of public services, UNICEF aims to improve access to primary healthcare by providing supplies and capacity-building of public sector staff. The scale-up of community management of malnutrition remains essential, especially in hard-to-reach areas. UNICEF's

¹ Registered displaced households per UN OCHA Yemen Al Hudaydah Update, Situation Report No. 9, 14-24 July 2018.

² Water and Sanitation [Cluster Snapshot](#) (January-May 2018), UNOCHA Yemen

³ In June the confirmed lab cases amounted to 37, in May 23, in April 7. Based on UNICEF Health Reporting.

⁴ Acute Need: People who require immediate assistance to save and sustain their lives.

WASH strategy is integrated with nutrition and food security to target immediate needs and strengthen long-term resilience of communities.

The integrated WASH, Health and C4D AWD/cholera prevention and response plan focuses on high-risk AWD/cholera areas, diarrhea treatment, chlorination of water sources, rehabilitation of wastewater systems and hygiene awareness.

In Child Protection, UNICEF targets the most vulnerable children in conflict-affected governorates with interventions including victim assistance, family tracing/reunification, documentation of child rights violations, mine risk awareness and psychosocial support (PSS).

UNICEF continues to undertake all efforts to prevent the education system from collapsing, particularly through providing incentives to the teachers who have not received salaries since October 2016. Further, through establishing temporary learning spaces and rehabilitating schools, UNICEF works to improve access to and quality of education. Establishing safe learning environment plays an important role in prevention of school drop-out and increasing retention improve quality of education, including quality of learning environment.

Summary Analysis of Programme response

AWD/cholera response

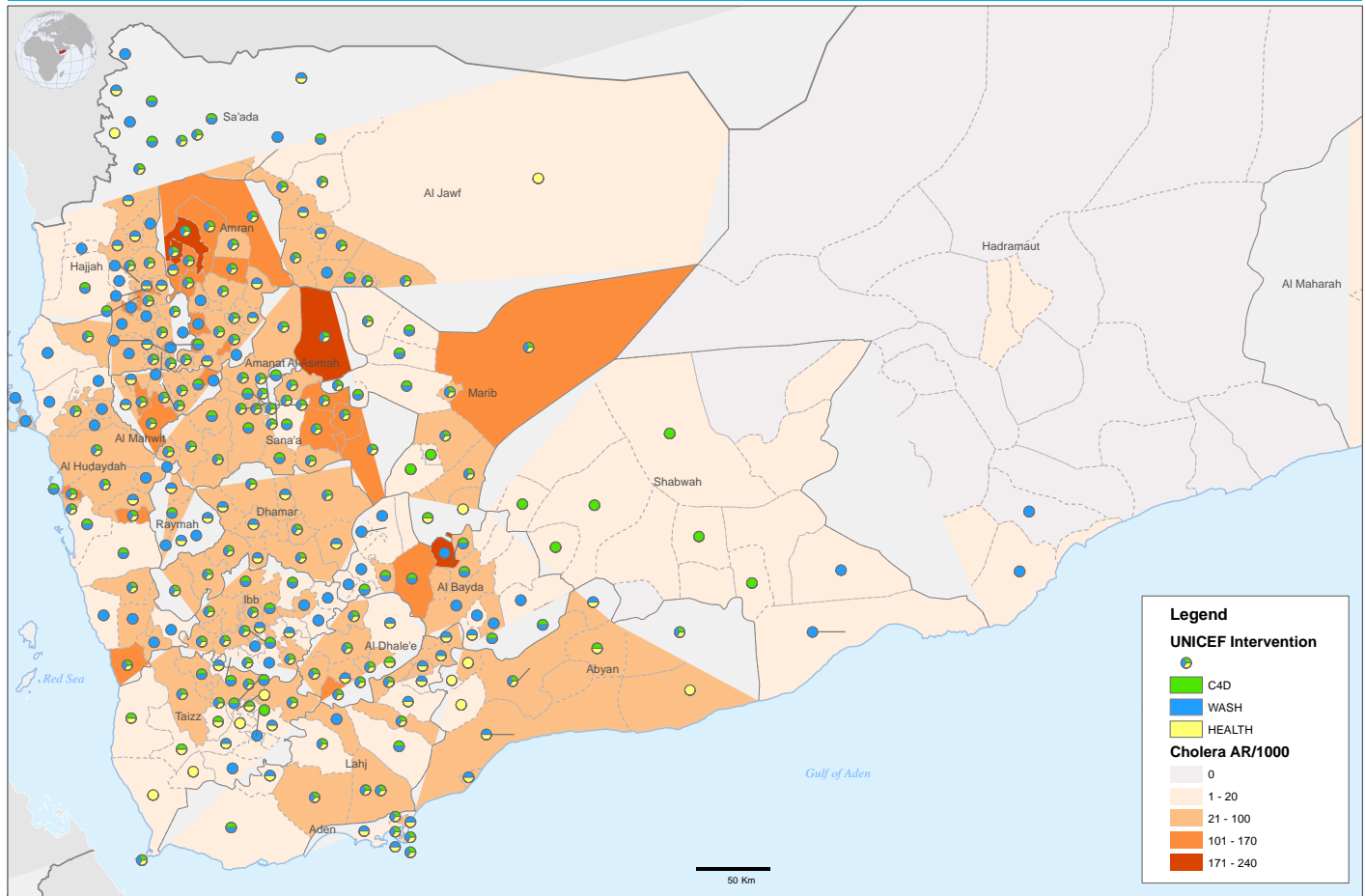
More than a year since the outbreak of Acute Watery Diarrhea (AWD)/cholera on 27 April 2017, the cumulative total of suspected cholera cases until 3 July 2018 has reached 1,129,356, with 2,337 associated deaths (0.21 per cent case fatality rate) across the country. Children under the age of five continue to represent 28.8 per cent of the total suspected cases. A significant increase in lab-confirmed cases has been reported since the beginning of July with a total of 115 confirmed cases (as compared to a total of 142 in 2017).

After the successful implementation of the Oral Cholera Vaccine (OCV) vaccination campaign in the southern part of the country last May 2018, UNICEF Yemen, in collaboration with the World Health Organisation and the authorities, is preparing to launch a new round of the OCV vaccination campaign in the north of Yemen to protect an additional 540,595 people (over 1 year old) against the expected third wave of cholera outbreak. This campaign will target populations in Al Hudaydah and Ibb governorates and is set to commence early August. Updates on the campaign will be provided in the next Situation Report.

Thus far, in light of the previous UNICEF OCV campaign and activities to date, UNICEF learned that timely prepositioning is key to a successful campaign given the challenges on importing supplies. In addition, it has proven valuable to have agreements with key implementing partners on hand for immediate activation, for an efficient and fast response in key areas.

In terms of current preparedness actions for possible third wave, UNICEF Yemen has procured and prepositioned supplies that are sufficient for over half million suspected AWD/Cholera cases including items such as the vaccines itself, Oral Rehydration Salts, Zinc and Intravenous (IV) fluids. Supplies are prepositioned in three UNICEF warehouses as well as in some government health offices and at the Ministry of Health in Sana'a. Similarly, contingency stand-by partnership agreements are being finalized with international and national governmental organisations and memorandums of understanding are in place with some government health offices for the Cholera response.

A key bottleneck throughout this response is the acceptance from authorities, especially in the north of Yemen. UNICEF has worked extensively with authorities to foster the acceptance of vaccinations, areas and number of people targeted. In addition, the availability of vaccinations and the delivery time also pose challenges to an effective response, particularly in the event of an outbreak.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Data source:GoY/CSO/unicef team Production date: 06/08/2018

Health and Nutrition

In July, UNICEF and partners continued supporting the scale-up of the Community Management of Acute Malnutrition (CMAM) programme, in coordination with the Nutrition Cluster partners, mainly WFP and WHO.

According to the Nutrition Cluster, as of July 2018, the Community Management of Acute malnutrition (CMAM) programmes are available in 325 out of 333 districts (with Severe Acute Malnutrition (SAM) treatment programmes ongoing in 325 districts and Moderate Acute Malnutrition (MAM)/Acute Malnutrition (AM) of Pregnant and Lactating Women (PLW) treatment ongoing in 173 districts. A total of 459,887 boys and 469,538 girls aged between 6-59 months were screened for acute malnutrition. Of the children screened, 134,600 children with SAM (50 per cent of 268,000 children targeted in 2018) and 184,478 children with MAM (20 per cent of 910,000 targeted in 2018) have been admitted for treatment since the beginning of 2018.

Since the beginning of 2018, approximately 1,696,269 children between the ages of 6 – 59 months were screened for malnutrition. Of the screened children, UNICEF has treated over 244,117 children for Severe Acute Malnutrition (SAM), an increase of over 130,010 reported cases during July, thereby reaching 88 per cent of the annual target for 2018. UNICEF expects a further increase in the numbers given that data collection is still ongoing and under verification: this figure is based on a current Outpatient Therapeutic Programme (OTP) reporting rate of 71 per cent. Enrolment of children in SAM treatment will further improve once the Integrated Outreach Rounds take place as only one round has taken place. So far, a recovery rate of 82 per cent is reported through the monitoring systems.

In addition, this year 317,579 children have received micronutrient interventions (powder) through health facilities, mobile teams and community health volunteers (reaching 44 per cent of the target) and 60,744 children (6- 59 months) have received vitamin A supplementation. The coverage for children receiving vitamin A supplementation is low so far for 2018, as the country is yet to conduct the first round of a polio National Immunization Day campaign - where vitamin

A supplementation will be a part of this campaign.⁵ This campaign is scheduled to take place in August, with UNICEF procuring the oral Polio vaccinations for more than 5 million children under the age of 5 years. In addition, the communication for development team supported with outreach and awareness activities, while the World Health Organisation (WHO) is supporting the campaign through the operational costs.

Since the beginning of the year, de-worming tablets have been provided to 389,677 children aged between 12 to 59 months; 855,974 pregnant and lactating women (PLW) benefited from infant and young child counselling services (reaching nearly 87 per cent of the target), while 514,115 PLWs received iron-folate supplementation.

UNICEF also continued to enhance children and PLWs' access to essential health care services, supported by both routine services and mobile teams. A total of 50 Mobile Teams (MTs) provided a package of health services to mothers and children, mainly in areas populated by IDPs. MTs provided routine vaccinations to 10,162 children and Integrated Management of Childhood Illnesses (IMCI) services to 13,168 children⁶.

Through a combination of health facility-based services and Mobile Teams, this month 108,159 children under one year were vaccinated against measles (MCV1; coverage of 54 per cent); 61,205 children were vaccinated with the Penta vaccine (coverage of 31 per cent) and 200,120 children under five received Integrated Management of Childhood Illnesses (IMCI; a coverage of 60 per cent) services, and 106,985 PLW accessed reproductive health services.



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Doctor conducts Mid Upper Arm Circumference screening in the field.

The nutrition Cluster finalized the development of the Accountability to Affected Population (AAP) guidance for partners, along with the toolkit and the monitoring and reporting tool, to ensure partners are delivering on their AAP commitments to the population they are serving. The partners have started developing the standard AAP training package for the field workers in the nutrition cluster to further streamline the mainstreaming of AAP commitments within the cluster.

The Health, Nutrition and WASH clusters are working on the pilot of the Integrated Famine Risk Reduction package in Yemen. All consultations have been finalized and the [guidance is ready](#) to be piloted in the coming month. In addition, the gap analysis exercise for this reduction package has been completed for Ibb and Aden hubs with most vulnerable locations and leading partners identified for each of the 20 priority districts.

Water, Sanitation and Hygiene (WASH)

The WASH programme continued to prioritise humanitarian emergency response by providing services in locations with high risks of Acute Watery Diarrhea (AWD)/ suspected cholera and malnutrition throughout July. Life-saving services were provided to the influx of new Internally Displaced Persons (IDPs) as a result of the recent escalation of fighting in Al Hudaydah, Taizz, Lahj, and Abyan. Simultaneously, WASH interventions related to systems preservation, as well operationalization, were scaled up in priority districts in coordination with both the Health and WASH Clusters.



UNICEF continued provision of safe drinking water to over 3,300,000 people, including 1,600,000 children, in urban areas composed of host communities and IDPs, in 15 cities including Amanat Al Asimah, Al Hudaydah, Amran, Ibb, Hadramout and Sada'a, through the operationalization of the water supply systems at the community level, and the provision of fuel, electricity and disinfectants for chlorination. Furthermore, UNICEF continued the rehabilitation of several rural and urban water supply schemes which improved the accessibility of safe drinking water for an additional 1,465,000 people, including 725,000 children in Amanat Al Asimah, Al Hudaydah, Amran, Ibb, Hadramout and Sada'a.

⁵ Vitamin A supplementation takes place through both routine programmes (which have a low coverage) and as part of Polio National Immunization Day (NID) campaigns (which have a high coverage).

⁶ 1,022 treated for diarrhoea, 299 treated for dysentery, 112 treated for malaria, 2,990 with deworming, and 2,219 to other symptoms. In addition to reproductive health services to 2,371 women (820 provided with antenatal care, 390 provided with postnatal care, 1,163 provided with iron folate supplements and 794 pregnant women vaccinated against tetanus).

Responding to the influx of the new IDPs in Al Hudaydah and other governorates where IDPs have settled, UNICEF supported a total of 331,414 people (47,345 households) with Basic Hygiene Kits coupled with hygiene promotion sessions and provided emergency water supply (water trucking) to 695,617 people. Furthermore, UNICEF installed more than 176 water distribution points in 11 rural districts of Al Hudaydah Governorate⁷ which benefited 70,911 people.

To improve sanitary conditions, 102 emergency latrines, benefiting approximately 700 people, have also been installed for IDP families in the Al Hudaydah districts of Al-Khawkha, Al-Durayhimi, Al-Mansoria and Al-Dhihi. In light of the escalating conflict in Al Hudaydah, UNICEF undertook all efforts to prepare 20 schools as IDP hosting sites in Al Hudaydah city and Al-Marawi'ah district. This preparation work included maintenance of latrines, improvement of solid waste management within schools and installation of a polyvinyl chloride (PVC) tank for water storage.

This month, the WASH cluster members reached over 1.2 million individuals through emergency WASH interventions, including response to 44,000 persons displaced as a result of conflict in al Hudaydah. Overall, sustained interventions to support water and sanitation systems reached 2.6 million people through the month of July. Cholera response continued to scale-up, reaching 430,000 individuals as part of cholera response activities by WASH partners during the reporting month. The Cholera Taskforce has been activated in Aden and al Hudaydah.

The WASH Cluster Information Meeting brought together 60 partners in the Ministry of Water and Environment; presentations and discussions focused on community engagement in WASH programming, response updates and technical capacity development for National NGOs. At present, 22 WASH Cluster Governorate level focal points have been identified and are actively supporting emergency coordination. Furthermore, 45 districts were assessed by 15 agencies, gathering WASH items price data and supply chain analysis, including the cost of water for households.

Child Protection

During the reporting month, the UN Country Task Force documented and verified the killing of 21 children (13 boys; 8 girls) and the maiming of 82 children (51 boys; 31 girls), as well as four attacks on schools and one attack on a hospital. The verified cases took place mainly in Taizz, Sa'ada, Al Hudaydah and Hajjah. Compared to June, child casualties have increased by more than 70 per cent in Taizz, Sadaa and Hajjah. Monitoring and reporting has been significantly constrained in areas of active fighting, particularly in and around Al Hudaydah, despite having deployed additional resources to affected areas, resulting in a decrease in verified cases this month.

In July, UNICEF continued to provide lifesaving education on the risks posed by mines, unexploded ordnances and explosive remnants of war to children and their caregivers through school and community-based activities. These messages reached 111,056 people, including 58,833 children (25,034 girls, and 33,799 boys) and 52,223 adults (25,345 female, and 26,878 male) covering six governorates.

UNICEF provided psychosocial support (PSS) to 226,133 people in July through a network of fixed and mobile child friendly spaces in 12 governorates. In addition, 154,996 people, including 106,212 children (58,971 girls, and 47,241 boys) and 48,784 adults (24,975 female, and 23,809 male) benefited from PSS in health facilities between January and July 2018. As part of these initiatives, 11,765 people, including 8,348 children, were provided with knowledge and skills on protection during emergencies.

Through the case management programme, 1,043 cases of vulnerable children were identified, of whom 1,027 children (426 girls; 601 boys) have been referred to individual counselling and child protection services.

Education

During the reporting period, the focus has been on ensuring that key interventions are in place: support for Grades 9 and 12 national examinations, infrastructure and teacher training. More specifically, 15,745 students (7,973 boys; 7,772 girls) were provided with a better learning environment through the repair of 130 latrines in 26 schools in Taizz. Major rehabilitation was conducted in four schools in Sada'a and a tendering process for the rehabilitation of four schools in Al Dhalea and Shabwah is underway. Additionally, the contracting process for the rehabilitation of one school in Sada'a and another one in Ibb are in progress. Technical needs assessments are ongoing



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A girl carries distributed goods in al-Hudaydah in July.

⁷ Al-Jarrah, Jabal Ras, Zabeed, Bait Al-Faqih, Al-Khawkha, Hays, Al-Dhihi, Al-Marawi'ah, Al-Mansoria, Al-Durayhimi and Al-Tuhayt.

to select another 417 schools for the rehabilitation of WASH facilities, these interventions will benefit around 145,000 children.

This month, UNICEF and partners conducted psychosocial support training for 60 teachers and headmasters in Mawza district in Taizz. Following successful completion, the trained teachers and headmasters are now able to attend to the needs of 4,828 children (2,733 boys; 2,095 girls); thereby reaching 69 per cent of its annual target. Challenges remain as education authorities in the north of the country do not consider provision of psychosocial training a priority. UNICEF is exploring options to move forward, including re-programming to other already approved activities.

Additionally, due to the severe shortage of financial resources, UNICEF has provided support to the Ministry of Education in Sana'a and Aden to facilitate the conduct of Grades 9 and 12 examinations in July.

Nearly three quarters of public school teachers in 12 governorates have not been paid for two school years which has immensely disrupted schooling of 3.7 million children in these governorates. UNICEF and the Education cluster continue their advocacy efforts to provide a solution to the issue. These efforts have allowed UNICEF to secure around USD 18 million dollars. In addition, UNICEF and humanitarian partners such as UNDP and UNOPS are working on a policy note to provide recommendations for the international community to support the government of Yemen with recurrent costs to ensure that key civil servants receive their salaries and provide services country-wide.

The Education cluster revised its Yemen Humanitarian Response Plan (YHRP) section and included teachers' incentives as the top first-line response activity. Other activities are included in line with the Ministry of Education in Sana'a and Aden authorities. For the first-time, the Education cluster was included in the Reserve Fund allocation for preparedness activities. Priority interventions include education supplies, temporary learning spaces (TLS), support for national exams, provision of specialized child-centered programmes in hard-hit areas, and provision of feeding programme to boys and girls in schools. Save the Children International (SCI) is in the process of recruiting a full-time cluster roving coordinator to further enhance cluster capacity.

Social Inclusion

UNICEF, in partnership with the Central Statistical Office, continued the commissioning of a social services⁸ mapping exercise in Amanat Al-Asimah and Sana'a governorates. This mapping is the basis for the delivery and/or referral of social services mechanism, which is a part of the project case management component. In addition, the grievance (complaints and appeals) database has been reviewed and cleaned. As a result, the number of appeals has been reduced to 3,647 cases which will be verified during the second stage of the project targeting process scheduled for September 2018. The programme has also prepared technical guidance documents, special operating procedures, and cooperation agreements to ensure an effective project implementation and partnership of all participating agencies and stakeholders.

Furthermore, the Programme supported the Ministry of Planning and International Cooperation (MoPIC) in publishing its Yemen Socio-Economic Update ([YSEU](#)), Issue No. 34, "Yemen's Economy During War and Conflict". The report has highlighted that the cumulative economic losses caused by the conflict were estimated at 47.1 per cent of GDP or US\$34.6

billion in the period of 2015-2017 alone. The economic and social situation has further deteriorated in 2018 due to the continued contraction of the economy, including a heavy budget deficit owing to subdued tax revenue and still-muted oil receipts, a sharp depreciation of the official currency rate⁹ and a further collapse of income sectors.

Communications for Development (C4D)

In July, approximately 460,385 people (176,023 women, 107,762 men, 88,595 girls, 88,005 boys) were reached through various interpersonal communication interventions which served the promotion of vaccinations, exclusive breastfeeding and appropriate infant and child feeding practices. In addition, the key practices for cholera prevention (handwashing with soap at critical times, household water safety, attendance at antenatal clinics and prevention of violence in schools) also formed part of the communication interventions.

More than 460,000 people were reached thanks to the efforts of more than 6,500 community mobilizers, including 600 religious leaders, conducted or facilitated community engagement sessions and activities including 27,435 home visits, 1,262 group discussions, 2,679 counselling sessions, 934 community meetings and events. In addition, awareness

⁸ Including: Health, Nutrition, Water and Sanitation, Education, Child Protection, and Social Protection.

⁹ From YER 250/USD1 in January 2017 to YER 550/USD1 in July 2018

activities took place during 139 Friday prayers in mosques and in 383 Diarrhea Treatment Centres/Oral Rehydration Centres.

In preparation for the second Oral Cholera Vaccination (OCV) campaign, UNICEF, through its C4D partnership with government health offices and the Ministry of Endowment, strengthened the knowledge and outreach skills of 212 community volunteers and 90 religious leaders on cholera prevention as well as the importance of the vaccination campaign. In addition, 75,000 leaflets and 200 large street banners were printed and disseminated to reinforce the interpersonal communication messages, as well as mass media efforts through discussion programmes and public service announcements on two radio stations and national TV, creating a positive environment for the launch of the OCV campaign.

Supply and Logistics

The total value of supplies delivered during the reporting month has amounted to USD 945,138.32, with a total weight and volume of 110 metric tons and 602 cubic meters respectively (this included cholera vaccinations, water purification tablets and blankets). This delivery was composed of one dhow which arrived in Al Hudaydah, two Logistics Cluster air operation to Sana'a, and two Logistics Cluster sea operations, one to Al Hudaydah and one to Aden. New warehouses are operational in Aden, Ibb and Sana'a, and a temporary warehouse is operated in Al Hudaydah. Clearances for supplies in al Hudaydah remain challenging since the Ministry of Planning and Health has halted its direct release.



©UNICEF Yemen/2018
Children in Al Hudaydah

Media and External Communication

During the reporting month, UNICEF published statements and a press release on the crisis in Yemen. On 2 July, a [statement](#) by UNICEF Executive Director, Henrietta H Fore, was published following her four-day visit to Yemen. In her statement, she emphasized that 'peace is the only way forward' to help the children and young people of Yemen. On 3 July, a [press release](#) was published announcing the launch of a European Union- UNICEF joint programme that aims to ensure better access to health services for young children and mothers through a network of Community Health Workers. Through this network, rural communities are set to gain improved access to equitable quality primary health and nutrition services.

On 24 July, a [statement](#) made by Geert Cappelaere, the Regional Director for UNICEF Middle East and North Africa Office, addressed the recent attacks on vital and lifesaving water systems in Sada'a, the third of such attack on the same facility since March 2018. Half of the water system is damaged, resulting in cutting-off more than 10,000 Yemenis from access to safe drinking water in the area.

Funding

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which are making the current response possible. In July, UNICEF received two new allocations for Nutrition and WASH from UNOCHA, as part of the Yemen Humanitarian Pooled Funds.

With no end in sight to the conflict in Yemen and ongoing operational challenges to key programme activities, UNICEF continues to fundraise for its Yemen response for 2019. In order to maintain continuity of its programmes and activities, UNICEF particularly welcomes flexible and multi-year funding.

SOCIAL MEDIA HIGHLIGHTS FOR JULY 2018

TWITTER

New Followers	1.75K
Tweets impressions	1.04 Million
Top tweet	71.1K impressions
Total tweets (Arabic/English)	75
Total mentions	1.8K

FACEBOOK

Net new page likes/ followers	1.2K
Total Reach	220K
Key post	25.6K Reach

Funding Requirements (as defined in Humanitarian Appeal of 2018 for a period of 12 months)

Appeal Sector	2018 Funds Available (US\$) **	Funding Gap

	2018 Requirements (US\$)	Funding Received Against 2018 Appeal (US\$)	Carry Forward and Other Allocations (US\$) *		\$	%
Nutrition	113,093,609	44,615,698	47,235,066	91,850,764	21,242,845	19%
Health	107,264,969	36,951,493	58,061,567	95,013,060	12,251,909	11%
Water, Sanitation and Hygiene	79,100,000	102,616,131	55,616,479	158,232,609	0	0% ¹⁰
Child Protection	33,238,526	17,859,349	8,754,881	26,614,230	6,624,296	20%
Education	30,840,473	16,884,259	16,074,896	32,959,155	0	0% ¹¹
C4D	14,553,270	6,199,094	2,900,497	9,099,591	5,453,679	37%
Total	378,090,847	225,126,024	188,643,386	413,769,409	0	0%¹²

*'Carry Forward' includes funds which were received against the 2017 HAC appeal and 'Other Allocations' includes additional contributions from multi-lateral organizations which will contribute towards 2018 Results.

**'Funds Available' as of 1 July includes total funds received against current appeal plus Carry Forward and Other Allocations. It also includes Cross-Sectoral Costs which are vital to support programming in a high-cost operating environment such as Yemen; costs include security, field operations, monitoring, communications and visibility. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme, mitigating the impact on communities of humanitarian and non-humanitarian shocks.

Next SitRep: 28/9/2018

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UNICEF HAC, 2017: www.unicef.org/appeals/yemen.html

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¹⁰ UNICEF has exceeded in its WASH programme target in 2018. The WASH interventions are progressing as planned and it is foreseen that all HPM targets will be reached or exceeded this year.

¹¹ UNICEF has exceeded in its Education programme target in 2018. However, given the abovementioned challenges with the authorities in the North, there is an urgent need to seek donor approval to re-programme fund.

¹² Whilst UNICEF has exceeded in its overall fundraising target for 2018, this figure hides discrepancies between the gaps in different sectors. Funding gaps remain in Nutrition, Health, Child Protection, and C4D.

Annex A

SUMMARY OF PROGRAMME RESULTS (January-July 2018)

2018 Programme Targets and Results	Overall needs	Cluster Response ¹³			UNICEF and IPs ¹⁴		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
NUTRITION							
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care	400,000	276,000 ¹⁵	244,117	15,903▲	276,000 ¹⁶	244,117	130,010▲
Number of targeted caregivers of children 0-23 months with access to IYCF counseling for appropriate feeding	2,300,000	1,404,000	855,974	155,232▲	1,404,000	855,974	155,232▲
Number of children under 5 given micronutrient interventions (MNPs)		730,000	317,579	78,179▲	730,000	317,579	78,179▲
Number of children under 5 given micronutrient interventions (Vitamin A)	4,600,000	4,177,000	62,339	12,420▲	4,177,000	1,839,790	1,789,871▲
HEALTH							
Number of children under 1 vaccinated against measles (MCV1)					912,560	681,120	108,159▲

¹³ The UNICEF and the Cluster Response targets are currently under review

¹⁴ The UNICEF and the Cluster Response targets are currently under review

¹⁵ The revised target is based on the mid-year revision of the caseload based on the results of the recent SMART surveys.

¹⁶ Ibid.

Number of Children under 5 vaccinated against polio					5,352,000	2,765,584	2,462,015▲
Number of children under 5 receiving primary health care					1,500,000	1,379,756	789,938▲
Number of pregnant and lactating women receiving primary health care					811,055	693,281	400,133▲

WASH, SANITATION & HYGIENE (WASH)

Number of people having access to drinking water through support to operation/maintenance of public water systems		7,288,599	4,839,100	0 ²⁷ ▲	5,500,000	4,659,948	0
Number of people gaining access to emergency safe water supply		1,703,359	1,200,273	0▲	800,000	891,594	102,627▲
Number of people with access to adequate sanitation (through emergency latrine construction or rehabilitation)		1,223,908	469,325	0▲	800,000	433,627	5,827▲
Number of people provided with standard hygiene kit (basic and consumables)		2,322,981	317,921	0▲	800,000 (basic)	429,186	281,868▲
		5,332,045	2,641,374	0▲	3,400,000 (consumable)	3,378,098	1,158,044▲
Number of people living in cholera high risk areas having access to household level water treatment and disinfection		4,202,324	4,278,477	0▲	3,400,000	5,319,065 ¹⁸	1,189,245▲

CHILD PROTECTION

Percentage of MRM incidents verified and documented from all the reported incidents		90%	90%	90%	90%	90%	90%
Number of children and caregivers in conflict-affected area receiving psychosocial support		682,268	426,287	230,306▲	594,937	379,893	226,133▲
Number of children and community members reached with lifesaving mine risk education messages		1,684,106	1,039,799	118,124▲	1,468,541	997,358	111,056▲
Number of children reached with critical child protection services, including case management and victims' assistance		12,932	2,297	1,116▲	10,345	4,890	1,043▲

EDUCATION¹⁹

Number of affected children provided with access to education via improved school environment and	4,100,000	738,995	283,143	124,271▲	384,397	142,380	15,745▲
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²⁷ Data review is under process; the WASH cluster updates will be incorporated in the August Situation Report

¹⁸ The target is exceeded due to the ongoing focus on elimination and mitigation of cholera.

¹⁹ HAC targets are revised down for July-Dec 2018 for all HAC indicators considering challenges hindering the achievement of results in 2018. Education authorities in the North have recently indicated that unless the issue of teachers' incentives is addressed, they would not accept the implementation of any other activity in the governorates under their control. To date, needs-based work plan for education interventions has not yet been approved. As a result, implementation of some major activities to facilitate access to education such as rehabilitation of damaged schools and construction of semi-permanent classrooms are being delayed. In addition, education authorities have clearly indicated that psychosocial support to teachers and children is not a priority and should therefore be stopped. While some funds allocated for this purpose will be transferred to Southern governorates, insufficient capacity will not allow for initial targets to be reached. Due to supply bottlenecks concerning the procurement of student desks, those desks will not be available for delivery in 2018 and thus targets will not be reached this year. Finally, the original 2018 targets for access and supplies included contingency stock of learning supplies and tents to be used as temporary learning spaces which are not expected to be distributed in 2018.

alternative learning opportunities							
Number of affected children receiving psychosocial support services and peace building education in schools		1,000,000	212,595	109,742▲	102,300	70,748	4,828▲
Number of affected children supported with basic learning supplies including school bag kits		1,500,000	114,058	1,527▲	246,374	41,701	0

SOCIAL POLICY

Number of affected populations (HHs) having access to alternative income sources/employment (through cash for work schemes)		177,155	15,000	15,000	1,700	0	0
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Communication for Development (C4D)

Number of affected people reached through integrated C4D efforts (14 or 4 key practices) ²⁰					2,200,000(14)	1,078,519	227,801▲
					4,000,000(4)	5,212,243	232,584▲
Number of trained social mobilisers/volunteers deployed for key behavior change in cholera high risk areas					10,000	7,278	300▲

²⁰ The '14 key practices' addressed through regular C4D interventions include: uptake of antenatal care and safe delivery practices, routine immunization, infant and young child feeding including exclusive breastfeeding, prevention of malnutrition, hand washing with soap, household water treatment and storage, safe disposal of human waste, promotion of on-time enrolment at 6 years and girls education, as well as addressing social norms around child marriage, creating demand for Birth Registration and prevention of child trafficking and child recruitment. The '4 key practices' for AWD/cholera response include: household water disinfection, handwashing with soap, appropriate food handling as well as appropriate care practices at home (disinfection, rehydration and immediate referral to health facility).